

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90045 015 ***150.00

DOCUMENT # N10000001849

1. Entity Name

Care Drive Office Condominium Association, Inc.

Principal Place of Business

Mailing Address

2580 Care Drive, Unit #1
 Tallahassee, FL 32308

2. Principal Place of Business

2580 Care Drive

3. Mailing Address

← Same

Suite, Apt. #, etc.

Unit #1

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

4. FEI Number

59-3370125

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

A0064683

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Mike Caruthers
 1845-3 Capital Cir N.E.
 Tallahassee, FL 32308

7. Name and Address of New Registered Agent

Name Keith C. Jordan
 Street Address (P.O. Box Number is Not Acceptable)
 2580 Care Drive, Suite #1
 City Tallahassee FL Zip Code 32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Keith C. Jordan DATE 4/28/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PO	<input checked="" type="checkbox"/> Delete
NAME	Capelouto, Grant	
STREET ADDRESS	P.O. Box 15397	
CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE	VSTO	<input checked="" type="checkbox"/> Delete
NAME	Carruthers, Mike	
STREET ADDRESS	1845-3 Capital Cir N.E	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D, President	<input type="checkbox"/> Delete
NAME	David G. Corbin	
STREET ADDRESS	2580 Care Drive, Suite #4	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Treasurer, Sec, R.A.	<input type="checkbox"/> Delete
NAME	Keith C. Jordan	
STREET ADDRESS	2580 Care Drive, Suite #1	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Vice Pres.	<input type="checkbox"/> Delete
NAME	Janice G. Corbin	
STREET ADDRESS	2580 Care Dr., Suite #4	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Melvin L. Pope, III	
STREET ADDRESS	2580 Care Drive, Suite #1	
CITY-ST-ZIP	Tallahassee, FL 32308	

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Ryan	
STREET ADDRESS	2580 Care Dr. Suite #2	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Ewing	
STREET ADDRESS	2580 Care Dr., Suite #3	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Keith C. Jordan, Treasurer 4/28/2000 (850) 871-2124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)